

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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EDD Employment Development Department QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES State of California (CONTINUATION) REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, Organiete Items C and O 7 01 09 DELINQUENT IF 06 30 DELINQUENT IF 07 31 09 QUARTER NOT POSTMARKED **ENDED** OR RECEIVED BY ZIU/ /2012/4/01787 /005/03/LZIU DO NOT ALTER THIS AREA P1 | C | Т EFFECTIVE DATE WIC DOWNTOWN CENTER BUSINESS IMPROVEMENT DISTRICT or received pay subject to UI for the payroll period which includes the 12th of the month. 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017 B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.

Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIR (M.I.) (LAST NAME) 535 60 2768 DIANNA ANDERSON F. TOTAL SUBJECT WAGES G. PITAWAGES H. PIT WITHHELD 2 510 83 2 510 6 00 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) 547 67 4800 OCONNELL ELLEEN F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD 9 194 48 9 101 28 245 93 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (F) RET NAME) (M.I.) (LAST NAME) 547 77 2224 LETICIA OROZCO F. TOTAL SUBJECT WAGES G PITWAGES 13 414 28 414 13 28 414 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (LAST NAME) 548 53 9033 HERMAN PANG F. TOTAL SUBJECT WAGES G. PIT WAGES H. PIT WITHHELD 23 250 00 23 250 00 861 20 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME) 555 85 9090 JACOB HOLLOWAY F. TOTAL SUBJECT WAGES H. PIT WITHHELD 713 - 00 15 000 00 15 000 00 (M.I.) (LAST NAME) 558 17 5643 MICHAEL 1 F. TOTAL SUBJECT WAGES 30 261 54 261 54 SOCIAL SECURITY NUMBER (M.I.) (LAST NAME)
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QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

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QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

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(Owner, Accountant, Preparer, etc.)

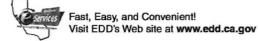




QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

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(Owner, Accountant, Preparer, etc.)



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QUARTERLY CONTRIBUTION EDD Employment Development Department RETURN AND REPORT OF WAGES (CONTINUATION) State of California REMINDER: File your DE 9 and DE 9C together. You must FILE this report even if you had no payroll. If you had no payroll, organized literas C and 07 01 09 DELINQUENT IF DELINQUENT IF 07 31 09 06 30 NOT POSTMARKED OR RECEIVED BY OLIARTER ENDED EMPLOYER ACCOUNT NO /2012/4/01787 ZIU/ 36 8685 /005/03/LZIU DO NOT ALTER THIS AREA Т s | W | A | P1 C EFFECTIVE DATE WIC. DOWNTOWN CENTER BUSINESS A. EMPLOYEES full-time and part-time who w IMPROVEMENT DISTRICT or received pay subject to UI for the payroll period which includes the 12th of the month. 626 WILSHIRE BLVD #200 LOS ANGELES CA 90017 B. Check this box if you are reporting <u>ONLY</u> Voluntary Plan Disability Insurance wages on this page.

B. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.) C. NO PAYROLL (M.I.) (LAST NAME) D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST 535 60 2768 ANDERSON DIANNA H. PIT WITHHELD F. TOTAL SUBJECT WAGES 6 00 2 510 83 2 510 D. SOCIAL SECURITY NUMBER E. EMPLOYEE NAME (FIRST NAME) (NLL) (LAST NAME) M O CONNELL EILEEN 547 67 4800 H. PIT WITHHELD F. TOTAL SUBJECT WAGES G. PIT WAGES 9 194 48 245 93 9 101 28

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O. I declare that the information he	erein is true and correct	to the best of my know	wledge and belief.	Newsonly browned	



Signature Required



(Owner, Accountant, Preparer, etc.)